MINUTES OF THE FEBRUARY 23, 2012, MEETING
OF THE PUBLIC HEALTH WORK GROUP OF THE
ILLINOIS HEALTH INFORMATION EXCHANGE ADVISORY COMMITTEE

The Public Health Work Group of the Illinois Health Information Exchange (ILHIE) Advisory Committee pursuant to notice duly given, held a meeting at 3:00 p.m. on February 23, 2012, via teleconference.

Work Group Members Present by Conference Phone:	OHIT Staff Present by Conference Phone:
1. Mary Driscoll, Illinois Department of Public Health (IDPH) 2. Todd Davis, IDPH 3. Peter Eckart, Illinois Public Health Institute 4. Mark Flotow, IDPH 5. Robin Holding, IDPH 6. Dr. Josh Jones, Chicago Department of Public Health 7. Mike Jones, Illinois Department of Healthcare and Family Services (HFS) 8. Renee Perry, HFS 9. Mohammed Shahidullah, IDPH 10. Julie Sharp, Kane County Health Department 11. Gwen Smith, HFS Children's Health Insurance Program Reauthorization Act (CHIPRA) 12. Jeff Swim, DuPage County Health Department 13. Dr. Bill Trick, Cook County Health and Hospital Systems 14. Uche Onwuta, Kane County Health Department 15. Awiad Vaid, Champaign County Public Health	Ivan Handler; Krysta Heaney

Call to Order and Roll Call

Mary Driscoll welcomed the members of the Public Health Work Group of the ILHIE Advisory Committee. Role was taken.

OHIT and ILHIE Update
Krysta Heaney reported on:
1. The successful launch of the ILHIE Direct Secure Messaging Service, the first service offering of the ILHIE. ILHIE Direct is a secure clinical messaging solution that facilitates point-to-point electronic communications between providers. ILHIE Direct has already attracted more than 135 registered users, including two local health departments.

2. The State of Illinois was successful is receiving $600,000 in federal funding to support the Behavioral Health Integration Project (BHIP) whose goal is to promote the exchange of health information among behavioral health and medical care providers to achieve better care. Grant activities will help licensed substance abuse and mental health practitioners to better coordinate patient care with their clients' primary care providers through secure electronic health information exchange.

3. On February 8, 2012, the ILHIE Data Security and Privacy Committee of the ILHIE Authority Board held its inaugural meeting. The ILHIE Data Security and Privacy Committee is charged with examining issues of data privacy and security and proposing for the ILHIE Authority Boards' consideration appropriate policies that should apply to ILHIE data. Appointed to the Committee are several individuals representing public health: David Carvalho, IDPH; Dr. Edward Mensah, University of Illinois at Chicago School of Public Health; Elissa Bassler, Illinois Public Health Institute; and Tiefu Shen, IDPH.

4. The Office of the National Coordinator (ONC) and the Centers for Medicare and Medicaid Services (CMS) plan to publish in the Federal Register, tomorrow, two Notice of Proposed Rule Makings (NPRM): one specifies the proposed Stage 2 criteria that eligible professionals, eligible hospitals, and Critical Access Hospitals must meet in order to qualify for the Medicare and Medicaid Electronic Health Records (EHRs) incentive payments and the other specifies the proposed Stage 2 standards and certification criteria that certified EHR technology must include to support providers achieving Meaningful Use.

Mary Driscoll asked the group if they would consider preparing written comments to submit to the ONC and/or CMS regarding the Stage 2 Meaningful Use public health objectives. There was consensus among the group to reconvene specifically to address the two NPRMs. A Public Health Work Group meeting will be scheduled for late March, early April to address the Stage 2 comments.

Public Health Node Update
The Public Health Node (the "Node") recently achieved ONC electronic health record product certification for both electronic laboratory reporting (ELR) and immunization reporting. Dr. Bala Hota and team are in the process of having the Node also certified for syndromic surveillance reporting.

Syndromic Surveillance Update
Dr. Josh Jones asked whether a formal on-boarding document for submitting data to the Node had been developed and a timeline for when it would be available to hospitals. **Mary Driscoll** responded that a memo had been distributed to all Illinois hospital CEOs with information on how hospitals can use the Node to submit syndromic surveillance data to meet the public health Meaningful Use requirements and contact information to begin the on-boarding process.

Dr. Jones noted that hospitals are requesting IDPH provide documentation that validates whether a hospital has met the Meaningful Use testing requirement for syndromic surveillance. **Mary Driscoll** confirmed that it not the Department's responsibility to provide written verification of receipt of a test from providers trying to meeting Meaningful Use; it is the provider's responsibility for attestation.

Dr. Jones also shared feedback from a conference, indicating local health departments have requested to receive clear directions from State public health authorities as to what type of sub-environments will be supported within the BioSense tool. **Mary Driscoll** explained that the State's current understating is that local health departments will have immediate access to the data; it is one of the reasons that IDPH selected BioSense.

A discussion followed about the use of data sharing agreements between hospitals and IDPH. Additional information will be provided at a future date.

I-NEDSS Update

Todd Davis provided an update on the number of providers submitting data to I-NEDSS. IDPH is receiving data from hospitals in HL7 v. 2.5.1; the data will be reviewed shortly. An additional two hospital systems (10 hospitals total) are working with their vendor to resolve some technical issues with submitting data to I-NEDSS.

Currently, there are five hospitals submitting ELR data through the Node to I-NEDSS, the rest are using SFTP (Secure File Transport Protocol) or using PHIN-MS (Pubic Health Information Network – Messaging System); no hospitals are submitting via the Direct protocol. IDPH is running in test mode with four Metro-Chicago hospitals.

I-NEDSS is working on a release that will include some GIS updates; the release is scheduled for March.

Mohammed Shahidullah asked how syndromic surveillance was different from I-NEDSS data. **Todd Davis** explained that syndromic surveillance data comes from hospital ADT (admissions, discharge, and transfer data) feeds and includes demographic data and emergency department chief complaint data. Its usefulness to public health departments is for alerting authorities of unusually high incident cases, for example, increases in respiratory distress cases. Syndromic surveillance data is primarily symptoms, whereas ELR data include a confirmation of the disease.

Once the syndromic surveillance data is collect through the Node and passed through to the CDC Biosense it will be available almost immediately to public health departments.

I-CARE Update

Robin Holding provided an update on the number of providers submitting data to I-CARE. There are 280 providers who have sent test data to I-CARE for Meaningful Use. Of those 280, approximately 240 have sent successful tests and approximately 100 are sending production data. An estimated 130,000 new patient records have been added to the systems and a total of 2 million short records.

Public Comment

There were no public comments.

Adjourn

The meeting was adjourned at 4:00pm.